



Urban Design Prospectus

General Information

Lead Agency	Legislative District
Project Name & Termini	Length in Miles
Functional Classification (Entire project must be on the Statewide Functional Classification System) Principal _____ Minor _____ Collector _____	Federal Route Number
Contact Person and address	Telephone Number

Description of Proposed Improvements

- Attach a legible vicinity map (8.5" x11").
- Attach a sketch of the proposed roadway section (8.5" x 11"), right of way to right of way, conforming to applicable design standards.
- Attach a copy of the current agency-approved Transportation Improvement Program and/or Transportation Plan. This project must be included in the approved Transportation Improvement Program and/or approved Transportation Plan.
- Describe the type of work planned for this project in the space below. How will it improve the existing conditions. If Necessary, attach additional sheets.
- If the project includes signalization, list the warrant(s) the signal(s) meet.
- Identify and estimate costs of sound walls, wetland mitigation, hazardous material cleanup & other unusual mitigation items.



Project Cost Estimate

⇒ Round all figures to the nearest dollar

Predesign Phase <small>(Complete Only if Predesign Phase was approved by TIB)</small>		Environmental Studies	Design Study	Total Predesign Cost
Design Phase	Special Studies ¹	Design Engineering	Right of Way	Total Design Cost
Construction Phase	Contract Amount	Other ²	Construction Engineering	Total Construction Cost
TOTAL PROJECT COST				

- Value Engineering, Environmental, or Other Special Studies.
- Work performed by the local agencies own forces and/or negotiated contracts with Utilities & Railroads (Identify work).
- Use Local Matching Ratio used for the application. If the Total Project Cost has increased, use the Local Match Funds determined from page 3 for the entry on this line.

- A. TOTAL ENGINEERING (Design Engineering + Construction Engineering)..... _____
- B. MAXIMUM ELIGIBLE ENGINEERING (25% x Contract Amount)..... _____
- C. NON-ELIGIBLE ENGINEERING COSTS ~~A~~ - B (If less than 0, enter 0)..... _____
- D. TOTAL ELIGIBLE PROJECT COSTS (Total project Cost ~~C~~)..... _____
- E. LOCAL MATCHING FUNDS [(Local Matching Ratio ³ x D) + C]..... _____
- F. TIA FUNDS (Total Project Cost ~~E~~)..... _____
- G. TIA FUNDS LISTED WHEN PROJECT WAS SELECTED FOR FUNDING..... _____
- H. BALANCE (G - F) (Surplus is +, Deficit is -) _____



Design Phase Increase Worksheet

COMPLETE THIS FORM ONLY IF THE TOTAL PROJECT COST HAS INCREASED

When completing the Increase worksheet, round all figures to the nearest dollar

1. Use application costs for FY 91 projects and design review costs for other projects.
2. For projects selected after the FY 90 program, no special allowance will be made for any increase in right of way costs.
DO NOT complete items F,G,H, and I.

- A. Application/Design Phase Total Project Cost.....
- B. Application/Design Total Funds.....
- C. Application/Design TIA Matching Ratio $\left(\frac{B}{A}\right)$
- D. Design Phase Total Project Cost.....
- E. Design Phase Total Eligible Project Cost.....
- F. Application Phase Total Right of Way Cost².....
- G. Design Phase Total Right of Way Cost².....
- H. Right of Way Cost Increase² (**G - F**) (If less than 0, Enter 0).....
- I. Allowable Right of Way Increase² (**C x H**).....
- J. Eligible Project Cost Increase **E - A - H**.....
- K. Eligible Project Percent Increase $\left(\frac{J}{A} \times 100\right)$
- L. Increase Factor $\left(1.0 - \frac{K}{100}\right)$ Minimum = 0.5.....
- M. Allowable Project Increase **C x J x L**.....
- N. **Total Allowable TIA Increase(I + M)**.....
- O. Total **TIA** Funds(B+N).....
- P. Total Local Funds(D-O) (Enter this amount on page 2, line E).....
- Q. Local Matching Ratio $\left(\frac{P}{D}\right)$
- R. **TIA** Matching Ratio $\left(\frac{O}{D}\right)$

Request is submitted for an increase of \$_____ in TIA Funds
(Attach an explanation for the increase)

If the requested increase in TIA funds is more than \$500,000 or is more than 10% above the application or design review estimate, a TIB subcommittee must review the increase request prior to design phase approval.



Project Funding Analysis

- Round all figures to the nearest dollar
- Use ACTUAL Predesign Phase Funds when calculating Estimated Total Project Cost
- Shaded Areas for TIB Use Only

Predesign Phase Cost

	Environmental Study TIA Funds	Design Study TIA Funds	Total Predesign TIA Funds	Predesign Local Funds	Total Predesign Cost (TIA & Local)
Approved					
Actual Required					

Estimated Design Phase Cost

Special Studies TIA Funds	Design Engineering TIA Funds	Right of Way TIA Funds	Total Design TIA Funds	Design Local Funds	Total Design Cost (TIA & Local)

Estimated Construction Phase Cost

Construction Contract TIA Funds	Construction Other TIA Funds	Construction Engineering TIA funds	Total Construction TIA Funds	Construction Local Funds	Total Construction Cost (TIA & Local)

Estimated Total Project Cost

Total Predesign TIA Funds	Total Design TIA Funds	Total Construction TIA Funds	Total Project TIA Funds	Total Local Funds	Total Project Cost (TIA & Local)



Funding Sources

Local match is considered to be eligible in-kind contributions and all funds other than Transportation Improvement Account (TIA) funds or Urban Arterial Trust Account (TIA) funds. The local matching ratio may not be less than that shown on the application. List all funding sources, private or public entity, and the amount of funds pledged.

Source	Private or Public	Amount of Funds
TOTAL LOCAL MATCHING FUNDS		\$

List all agencies and/or private groups involved in the project. Describe their involvement.



Demand for TIA Funds

List demand for TIA Funds in six month increments, January to June, and July to December, Include Pre-design Funds in the Design Phase column.

Time Period	Design Phase	Right of Way	Construction	Total TIA Funds
TOTAL				



Proposed Project Schedule

Design Phase

TIB Design Phase Approval.....	_____	Month /Year
Local and/or Private Funding Certification.....	_____	Month /Year
Meeting with Utilities.....	_____	Month /Year
Utility and /or Railroad Agreements.....	_____	Month /Year
Type of Environmental Involvement..... (EIS, CE, EA, Declaration of Non-Significance, Air Quality Conformity)	_____	Type
Value Engineering Study(If Required)	_____	Month /Year
Draft Environmental Document Circulated.....	_____	Month /Year
Public Involvement Process.....	_____	Month /Year
Final Environmental Document Circulated.....	_____	Month /Year
Right of Plans Completed.....	_____	Month /Year
Parcels Involving Major Impact.....	_____	Number
Parcels Involving Minor Impact.....	_____	Number
Parcel Appraisal Completed.....	_____	Month /Year
Parcel Negotiation Completed.....	_____	Month /Year
Condemnation Ordinance(If Needed).....	_____	Month /Year
Right of Way Acquisition Completed.....	_____	Month /Year

Construction Phase

TIB Construction Phase Approval.....	_____	Month /Year
Contract Advertisement.....	_____	Month /Year
Contract Award.....	_____	Month /Year
Contract Completed.....	_____	Month /Year



AGENCY CERTIFICATION

Certification is hereby given that Local and/or Private Matching Funds and Other Funds associated with the Design Phase of the project are available to coordinate with the proposed project development

☐ YES

☐ NO

Certification is hereby given that Local and/or Private Matching Funds and Other Funds associated with the Total Project are available to coordinate with the proposed project development

☐ YES

☐ NO

Attach executed agreements with Joint Agencies and/or Private Sources for Projects that contain funding from sources other than the Lead Agency.

If Local Matching Funds cannot be certified at this time, the Lead Agency has one year after Board Approval of this prospectus, to provide written certification of the pledged Local and/or Private Funding.

If the project is within a non-attainment area, the Lead Agency certifies compliance with all requirements of the State and Federal Clean Air Act.

All right of way required for this project shall be acquired in accordance with WAC chapter 468-100.

The Agency certifies that the project is consistent with Growth Management Act, High Capacity Transportation Act, Commute Trip Reduction Law, Transportation Demand Management Programs, Americans with Disabilities Act and Washington State Accessibility requirements, where applicable.

This Project has been reviewed by the Legislative Body of the Administering Agency or its Designee, and is consistent with the Agency Comprehensive Plan for Community Development.

Lead Agency

Signature of Mayor/Director

Date Signed